



CITY OF RIVERSIDE
FINANCE/PURCHASING DIVISION, 6th Floor
3900 Main Street, Riverside, CA 92522
TEL: (909) 826-5561
FAX: (909) 826-5878
SUPPLIERS APPLICATION

Date of Application_____

☐ Initial Application *☐ Minority Owned
☐ Revision/Update *☐ Women Owned

Name of Applicant:_____

Address to which quote/bid forms are to be mailed:_____

Address to which Purchase Orders are to be mailed	How long in present business
Type of Organization (Check one) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation - Indicate Which State_____	Federal ID/Social Security Number

Name of Officers, Members of Concern, Partnership, etc.

(a)_____

(b)_____

(c)_____

Persons authorized to sign bids and contracts in your name (If agent, so specify)

Name	Official Capacity	Telephone No.	Fax No.

Indicate types of services or products you would be providing the City (Attachments are not sufficient information)

Failure to complete this section will result in **NO ACTION**.

Category (Check below the category which applies) <input type="checkbox"/> (a)Manufacturer/Producer (Agent) <input type="checkbox"/> (d) Distributor <input type="checkbox"/> (b)Wholesaler <input type="checkbox"/> (e) Service Establishment <input type="checkbox"/> (c) Retailer <input type="checkbox"/> (f) Construction	Manufacturing location	Storage Location

Other Public Agencies with whom you do business (i.e. City, County, School District)

Agency Name	Person To Contact	Telephone Number

TO BE COMPLETED BY CONSTRUCTION CONTRACTOR ONLY:

License type" A", " B", " C", California License No.:_____ Expiration Date:_____

If "C" License, Specify Specialty No.:_____

Any supplier/contractor who performs work or makes deliveries within the City is required to have a current City of Riverside Business Tax Certificate on file with the City's business tax section.

I certify that the information supplied herein (including all attachments) is correct and that neither the applicant nor any person (or concern), nor principal or officer, so far as is known, is not debarred or otherwise declared ineligible by any public agency from quoting or furnishing materials, supplies or services to any agency thereof.

Signature of person authorized to sign this application

*If M/WBE Applicant certifies that the ownership and management of the business is 51% ownership or more.

(PLEASE TYPE/PRINT) Name and Title of person signing

Form No. 1234.004

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